MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/,575 FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER **AFTER** AS FILED AFTER **AS FILED** I"AMENDMENT 2 ¹⁴ AMENDMENT 1" AMENDMENT 2 " AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL TOTAL IND. IND. TOTAL TOTAL DEP. DEP.

TOTAL

CLAIMS

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TOTAL

CLAIMS